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## BIB DATA SHEET

CONFIRMATION NO. 4100

<b>SERIAL NUMBER</b> 10/782,195	<b>FILING or 371(c) DATE</b> 02/19/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3694	<b>ATTORNEY DOCKET NO.</b> FID-009	
<b>APPLICANTS</b> Carolyn Clancy, Chelmsford, MA; Joseph Freitas, Hingham, MA; Mary Cusick, Brookline, MA; Christopher Burt, West Jordan, UT; Janet Roberts, Waltham, MA;					
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/12/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JAMIE H SWARTZ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> 30  <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> PROSKAUER ROSE LLP ONE INTERNATIONAL PLACE BOSTON, MA 02110 UNITED STATES					
<b>TITLE</b> Evaluating employee benefit plans					
<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		